Evidence for change of birth date is on:

FILM No. G 119 FEB 21 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

420.1
94a

01722

Reg. Dist. No. 162

1. PLACE OF DEATH· COUNTY Garett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Jennings — LENGTH OF STAY (in this place) 11 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Jennings * Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) Wesley	(Last) Bowers	4. DATE OF DEATH (Month) Feb (Day) 4 (Year) 1949
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April 2 1875	9. AGE last birthday 73 yrs. If under 1 year Months 10 Days 2 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) R.D.2. Grantsville Md	12. CITIZEN OF WHAT COUNTRY? U.S	
13. FATHER'S NAME James Bowers		14. MOTHER'S MAIDEN NAME Catherine Broadwater		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No. 220-~~None~~ 03-3812 9-3-37	17. INFORMANT Mrs Martha E.Bowers		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	5 hrs
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Born, 19 after death, 19, that I last saw the deceased alive on ....., 19....., and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. J. Baumgartner	MD	Oakland Md	2/5/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-7-1949	Grantsville	Grantsville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/ /49	Ethel Broadwater	Wm Winterberg	Grantsville

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

450.0 01723

108

Reg. Dist. No. 166

1. PLACE OF DEATH· COUNTY Garrett Oakland, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland D. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland — LENGTH OF STAY (In this place) 76 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Mortimer	(Middle) Totten	(Last) Broadwater.	4. DATE OF DEATH	(Month) 2	(Day) 18	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH March 23, 1872	9. AGE last birthday 76 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Garrett County.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Edward Broadwater.			14. MOTHER'S MAIDEN NAME Sarah Whetsell.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Vernon Broadwater, Oakland. Md.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, Lobar, Bilateral — 1 week

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility, Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from on Feb 18th, 1949, to ....., 19....., that I last saw the deceased alive on Feb 18th, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James H. Feaster, Jr.	M.D.	28 2nd. St. Oakland, Md.	2-19-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb. 21st 1949	NAME OF CEMETERY OR CREMATORY Broadwater Cemetery.	LOCATION (City, town, or county) (State) Near Barton, Md.
DATE REC'D BY LOCAL REG. Feb 21-1949	REGISTRAR'S SIGNATURE Julia A Rowan	24. FUNERAL DIRECTOR Emroy D. Bolden	ADDRESS Oakland. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 8 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF BIRTH DATE IS ON:

FILM No. G 119 MAR 15 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

422.1. 01724
93d 166

Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett

City or town Mt. Lake Park
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred: Kiser Nursing Home

How long in hospital or institution? 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garett

City or town Rural Near Lonaconing
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Rebecca Broadwater

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Singel

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 14-~~1844~~ 1854

8. AGE: Years 94 | Months 3 | Days – | If less than one day hrs. min.

9. Birthplace R.D.I.LOnaconing Md
(Town, county, and state)

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name William Broadwater
13. Birthplace

MOTHER
14. Maiden name Hester Broadwater
15. Birthplace

16. Informant Jonas Broadwater
Address R.D.I Lonaconing Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-17-1949 (month) (day) (year)

Cemetery or crematory Broadwater

Location On Savage River, Near Myrrell

18. Funeral director Wm Winterberg
Address Grantsville Md

19. 2-17-1949 (Date rec'd by registrar) Julia A Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 14 February 1949, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 17 Nov. 1948, to 11 Feb 1949 and that I last saw her alive on 11 Feb 1949

Immediate cause of death	DURATION
Heart Failure	
Due to Arteriosclerotic cardio	
Vascular disease	?
Due to	
Other conditions Senility	?
Arthritis - Severe	?

(Include pregnancy within 8 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thomas F. Lusby M.D. M. D. or other

Address Oakland, Md. Date signed 15 Feb 49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

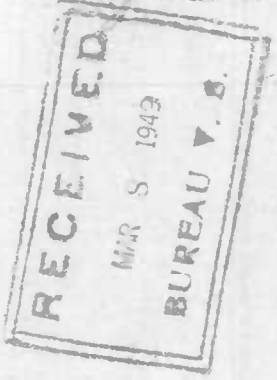
Miss Rowan.

Could not locate the doctor when up there please get this Certificate signed.

Thank you

Mrs Shackelton

RECEIVED
MAR 8 1949
BUREAU V. S.



01725

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 168

1. PLACE OF DEATH — COUNTY: Garrette — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near Finzel
LENGTH OF STAY (in this place): 47 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R. D. No 2 Frostburg, Md

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Garrette
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Finzel
STREET ADDRESS (If rural, give location): R. D. No 2 Frostburg, Md.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Laura Fadeley

4. DATE OF DEATH (Month) (Day) (Year): 2 9 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 9-1868
9. AGE last birthday: 80 yrs. If under 1 year: Months 8, Days 0; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Henry Garlitz
14. MOTHER'S MAIDEN NAME: Sturtz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT: Melvin Fadeley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac dilatation (acute). —

Antecedent cause(s) (b) Chronic myocarditis 2 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) arterio-sclerosis —

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Muscular rheumatism.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan. 10, 1947, to Feb. 9, 1949, that I last saw the deceased alive on Feb. 1, 1949, and that death occurred at 2:50 A.M. m., from the causes and on the date stated above.

SIGNATURE: H. C. Diehl (Degree or title) M.D. — ADDRESS: Frostburg, Md. — DATE SIGNED: 2/9/49.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2-12-49 — NAME OF CEMETERY OR CREMATORY: Johnson's Cem. — LOCATION (City, town, or county) (State): Highway Frostburg, Md

DATE REC'D BY LOCAL REG.: Feb. 9- 1949. — REGISTRAR'S SIGNATURE: Mrs Julius Michael — 24. FUNERAL DIRECTOR: Jacob Hafer — ADDRESS:

M — I — T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

154 01726 46d Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va. COUNTY Taylor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park, LENGTH OF STAY (in this place) 2 Mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thornton
HOSPITAL OR INSTITUTION OR STREET ADDRESS ----	STREET ADDRESS ---- (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Jane	(Last) Grannon	4. DATE OF DEATH (Month) February (Day) 16, (Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 18, 1876	9. AGE last birthday 72 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Taylor Co., W. Va.	12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Thornsberry Bailey		14. MOTHER'S MAIDEN NAME Luvina Thorn		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO. -----	17. INFORMANT Mrs. H. M. Weeks		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Rectum with Metastasis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Jan, 1949, to 16 Feb, 1949, that I last saw the deceased alive on 10 Jan, 1949, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Andrew E. Mance M.D.	-	Oakland Md	16 Feb 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/18/49	NAME OF CEMETERY OR CREMATORY Woodsdale Cemetery	LOCATION (City, town, or county) (State) Grafton, W. Va.
DATE REC'D BY LOCAL REG. 2-18-49	REGISTRAR'S SIGNATURE Julia A. Rowan	24. FUNERAL DIRECTOR Herbert C. Leighton	ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 8 1949
BUREAU V. S.

RECEIVED
MAR 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01727

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Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park, Md. LENGTH OF STAY (in this place) 2 month	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Leo	(Middle) Ray	(Last) Hartmann	4. DATE OF DEATH	(Month) Feb.	(Day) 4	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct. 2, 1920	9. AGE last birthday 28 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Sang Run, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME William Hartman,		14. MOTHER'S MAIDEN NAME Alice Riley					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 235-22-4385	17. INFORMANT Mrs. Lorraine Hartman.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bilateral Pulmonary Tuberculosis ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 31, 1949, to Feb. 4, 1949, that I last saw the deceased alive on Feb. 4, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ralph Colangelli M.D.		Kitzmiller, Md	Feb. 7-49.

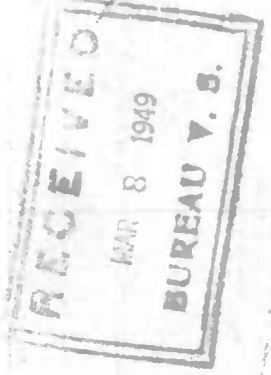
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb. 7/49	NAME OF CEMETERY OR CREMATORY Lake Ford Cemetery.	LOCATION (City, town, or county) (State) Near Cranesville, Md
DATE REC'D BY LOCAL REG. 2-7-49	REGISTRAR'S SIGNATURE Julia A. Rowan	24. FUNERAL DIRECTOR Emroy D. Bolden.	ADDRESS Oakland. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Mr Bolden.
Please get Mr Calandra to sign
this certificate



01728

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

422.1
93d

Reg. Dist. No. 166

1. PLACE OF DEATH:

County: Garrett

City or town: Mt. Lake Park
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 days

Hospital, institution, or street address where death occurred: Kiser Nursing Home

How long in hospital or institution? 15 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Allegany

City or town: Cumberland
(If outside city or town limits, write RURAL and give nearest town)

Street No. 901 Shades Lane
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME Malinda B. Imes

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	M

6.(b) Name of husband or wife: Benjamin Imes

6.(c) If alive, give age: 81 years

7. Birth date of deceased (mo., day, yr.): ? 1868

8. AGE:

Years	Months	Days	If less than one day
81			....hrs. ....min.

9. Birthplace: Oldtown, Allegany, Maryland
(Town, county and state)

10. Usual occupation: Housewife

11. Industry or business: Own home

FATHER
12. Name: Nathan Twigg
13. Birthplace: ? ??

MOTHER
14. Maiden name: ?
15. Birthplace: ?

16. Informant: Mrs. Crabtree

Address: Cumberland, Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: February 11, 1949
(month) (day) (year)

Cemetery or crematory: Hillcrest Burial Park

Location: Cumberland, Md.

18. Funeral director: John J. Hofer

Address: Cumberland, Md.

19. Feb 11 1949 Julia A Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9 February 1949 at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5 Feb 1949 to 9 Feb 1949 and that I last saw her alive on 9 Feb 1949

Immediate cause of death	DURATION
Heart Failure	3 days
Due to Arteriosclerotic cardio-vascular disease	?
Due to	
Other conditions Senility	?
Decubitus ulcers	5 days

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Thomas F. Lusby M.D.
M. D. or other

Address: Oakland, Md Date signed: 9 Feb 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

I

T

Dr. Lusky - out of town,
get signed upon his return

RECEIVED
MAR 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

592 131 b 01729

CERTIFICATE OF DEATH

Reg. Dist. No. 167

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Garrett; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland - Rural
LENGTH OF STAY (In this place) 56 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Oakland
STREET ADDRESS (If rural, give location) 9 Mi. So. Oakland, Md.

3. NAME OF DECEASED (Type or Print): (First) Ada (Middle) Mae (Last) Janoske
4. DATE OF DEATH: (Month) Feb. (Day) 15 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 26, 1892
9. AGE last birthday: 56 yrs.
If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Marmaduke Best
14. MOTHER'S MAIDEN NAME: Georgia Hauser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: ----
17. INFORMANT: Greely Janoske

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute dyspnoea - edema of lungs -	2 hrs.
Antecedent cause(s)	Acute, or terminal bronchio-pneumonia -	18 hrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary emphysema -	10 yrs -
	(c) Chronic nephritis with edema -	20 yr. 6 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to February, 1949, that I last saw the deceased alive on February 14, 1949, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Harold C. Miller M.D. Eglon, W. Va. 2/17/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 2/17/49
NAME OF CEMETERY OR CREMATORY: Red House Cemetery
LOCATION (City, town, or county) (State): Garrett Co., Md.

DATE REC'D BY LOCAL REG.: 2/17/49
REGISTRAR'S SIGNATURE: Elmer C. Shaffer
24. FUNERAL DIRECTOR: Herbert C. Leighton ADDRESS: Oakland, Md.

RECEIVED
FEB 21 1949
BUREAU V. S.

01730

332
83b

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LAKE PARK, MD. LENGTH OF STAY (in this place) about 1 yr	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LAKE PARK, MD.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MARY LOUISE GRIMES KING

4. DATE OF DEATH (Month) (Day) (Year): 2 16 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): XXXXXX

8. DATE OF BIRTH: 5/5/1861

9. AGE last birthday: 87 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): GARRETT COUNTY, MD.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: THOMAS GRIMES

14. MOTHER'S MAIDEN NAME: SOPHRONIA THAYER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: EVA GRIMES, MT LAKE PARK, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	2 months
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1948, to Feb, 1949, that I last saw the deceased alive on Feb. 15, 1949, and that death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE: E. J. Baumgartner M D (Degree or title) ADDRESS: Oakland Md DATE SIGNED: 2/17/49

23. BURIAL, CREMATION REMOVAL (Specify): DATE: Feb 19/49 NAME OF CEMETERY OR CREMATORY: Oakland Md LOCATION (City, town, or county): Oakland Ga. Co. (State): Md

DATE REC'D BY LOCAL REG.: Feb 19-1949 REGISTRAR'S SIGNATURE: Julia A. Rowan

24. FUNERAL DIRECTOR: Emory Bolden ADDRESS: Oakland Md

MARGIN RESERVED FOR BINDING

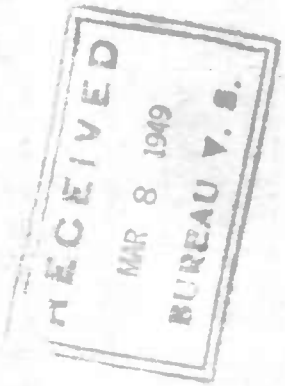
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

Mr. Belden.

There must be some relatives that has some family History. She has lived around here most of her life time



MARYLAND STATE DEPARTMENT OF HEALTH

01731

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY Garett, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.D.2 Grantsville; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Garett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.D.2.Grantsville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Loraine Otto	2 I5 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White	Married	9-I9-I9I0	38-4-28 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Farming	R.D.2. Grantsville Md	Garett U.S

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel L.Otto	Emma F. Kamp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	2I7-I4-4II2	Samuel L.Otto

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Streptococcus Infection of Throat and Larynx	5 days
Antecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 6, 1949, to Feb 15, 1949, that I last saw the deceased alive on Feb 13, 1949 and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
W. R. Davis M.D	Grantsville Md.	

23. BURIAL, CREMATION REMOVAL, (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-I7-I949	New Germany	R.D.2. Grantsville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 16 49	Ethel Broadwater	Wm. Winterberg	Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01732

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — Oakland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Oakland, Md. COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Marvin (Middle) Lynn (Last) Sanders

4. DATE OF DEATH: (Month) Feb. (Day) 24 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: Dec. 3/48

9. AGE last Birthday: yrs. — If under 1 year: Months 1, Days 15, Hours, Min. — If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Oakland, Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Boyd Reed Sanders, Jr.

14. MOTHER'S MAIDEN NAME: Maxine Bernice Severe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Boyd R. Sanders, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Paralytic Ileus - Probable — Interval between onset and death: 12-18 hours

087 Antecedent cause(s)

38e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Varicella - severe — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Feb, 1949, to 24 Feb, 1949, that I last saw the deceased alive on 24 Feb, 1949, and that death occurred at 1:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas J. Lusby M. D. Oakland, Md 24 Feb 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Feb. 26/49

NAME OF CEMETERY OR CREMATORY: Oakland Cemetery

LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG. 2-26-/49

REGISTRAR'S SIGNATURE: Julia A Rowan

24. FUNERAL DIRECTOR: Emroy D. Bolden

ADDRESS: Oakland, Md.

RECEIVED
MAR 14 1949
BUREAU V. S.

01733

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

929.8

CERTIFICATE OF DEATH

173 Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Route#1 MARYLAND; LENGTH OF STAY (in this place) Oakland, Md., Route 1 Life time; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) T. (Last) Sines.

4. DATE OF DEATH: (Month) Feb. (Day) 7 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 13, 1880

9. AGE last birthday: 68 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hoyes Run, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Solomon Sines,

14. MOTHER'S MAIDEN NAME: Mary Recard.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mr. George Sines.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Accidental Drowning — Interval Between Onset and Death: 1/2 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Parkinsonian Syndrome — 20 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident md

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: near home (CITY OR TOWN): Oakland Md Route 2 (COUNTY): Garrett (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 2 / 7 / 49 5 pm

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? fell into Creek

22. I hereby certify that I attended the deceased from Feb 7 1949, to after Died, 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 5 pm m., from the causes and on the date stated above.

SIGNATURE: Dr. J. Bamgardner MD (Degree or title): Dept Med. Examiner ADDRESS: Oakland Md DATE SIGNED: 2/8/49

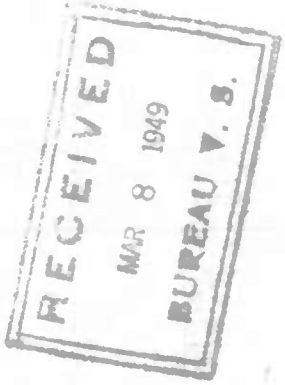
23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: Feb 9/49 NAME OF CEMETERY OR CREMATORY: Hoyes Run Cemetery LOCATION (City, town, or county) (State): Hoyes Run, Md.

DATE REC'D BY LOCAL REG. Feb 9/49 REGISTRAR'S SIGNATURE: Julia A Rowan

24. FUNERAL DIRECTOR ADDRESS: Emroy P. Bolden, Oakland, Md

VS. A15

Baldwin 1st Family History



01734

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH: COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller — LENGTH OF STAY (in this place) 35 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
HOSPITAL OR INSTITUTION OR STREET ADDRESS W. Main St.	STREET ADDRESS W. Main St. (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Samuel	(Middle) Bradford	(Last) Spring	4. DATE OF DEATH	(Month) Feb.	(Day) 14	(Year) 49 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 24, 1858	9. AGE last birthday 90 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	10b. KIND OF BUSINESS OR INDUSTRY Coal Mines	11. BIRTHPLACE (State or foreign country) Louden, Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Joseph Spring	14. MOTHER'S MAIDEN NAME Maryann Stream						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT Mrs. Nettie Hurshman, Kitzmiller, Md					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443 Immediate cause	(a) Acute Myocarditis	1 week
93a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Auricular Fibrillation	?
	(c) Hypertension + Senility	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1939, to Feb. 14, 1949, that I last saw the deceased alive on Feb. 14, 1949, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ralph Colombella M.D.		Kitzmiller Md	Feb. 15-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2/17/49	NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery	LOCATION (City, town, or county) (State) Mt. Pleasant, W.Va.
DATE REC'D BY LOCAL REG. 2/16/49	REGISTRAR'S SIGNATURE A W Barrick	24. FUNERAL DIRECTOR Otha F. Sharpless, Blaine, W.Va.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 12 1949
BUREAU T. S.

01735

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 172

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MV

MARGIN RESERVED FOR BINDING

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VS. A15

1. PLACE OF DEATH: COUNTY Garrett; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Kitzmiller; LENGTH OF STAY (in this place) 26 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1½ Miles Easton State R. #38

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller; STREET ADDRESS (If rural, give location) Oak Street

3. NAME OF DECEASED (Type or Print): (First) Dewey (Middle) Harrison (Last) Whitacre

4. DATE OF DEATH: (Month) Feb. (Day) 21 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Dec. 9, 1898

9. AGE last birthday: 50 yrs. If under 1 year: Months 2, Days 12, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal mines

11. BIRTHPLACE (State or foreign country): Westernport, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Thomas Whitacre

14. MOTHER'S MAIDEN NAME: Mary Jane Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-07-3957

17. INFORMANT: Mrs. Vola Wilt, Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

825.5 Immediate cause (a) (1) Fracture left temporal portion skull.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 170c (b) (2) Cervical vertebrae

(7) Crushing injury left chest.

(4) Traumatic Emphysema

(c) (5) Fracture left clavicle.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Rt. Route #38 | (CITY OR TOWN): near Kitzmiller | (COUNTY): Garrett | (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 21-1949 7 p.m. | INJURY OCCURRED While at Work ☐ Not While At work ☑ | HOW DID INJURY OCCUR? Killed in automobile accident

22. I hereby certify that I attended the deceased from Wounds after Death, that I last saw the deceased alive on ....., 19....., and that death occurred at 7-[illegible] p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. A. Bumgarner M.D. Deputy Med. Examiner | ADDRESS: Oakland Md | DATE SIGNED: Feb. 21-1949

23. BURIAL, CREMATION or REMOVAL (Specify): Burial | DATE THEREOF: 2/24/49 | NAME OF CEMETERY OR CREMATORY: Hamill Cemetery | LOCATION (City, town, or county) (State): Kitzmiller, Md.

DATE REC'D BY LOCAL REG.: 2/23/49 | REGISTRAR'S SIGNATURE: A. W. Resnick

24. FUNERAL DIRECTOR: Otha F. Sharpless, Blaine, W.Va. | ADDRESS

RECEIVED
MAR 12 1949
BUREAU V. S.

Evidence for change of age is on: Film No.G119, Feb.18, 1949

01736

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

174 48 lo

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GRANTSVILLE | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GRANTSVILLE
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) DELIAH (Middle) -BITTINGER- (Last) YOUNKIN

4. DATE OF DEATH: (Month) Feb (Day) 8 (Year) 1949

5. SEX: F | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: FEB.13-1883 | 9. AGE last birthday: 65 66 yrs. | If under 1 year: Months 11 Days 25 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE | 10b. KIND OF BUSINESS OR INDUSTRY: HOME | 11. BIRTHPLACE (State or foreign country): GARRETT-Co. MARYLAND | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: CHAUNCEY-BITTINGER | 14. MOTHER'S MAIDEN NAME: CHRISTINA-BOWMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: NONE | 17. INFORMANT: T Thomas Younkin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of uterus (Colostomy 5 yrs ago) — Interval Between Onset and Death: 6 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1943 | 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of uterus - inoperable | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCT 30, 1948, to 8 FEB, 1949, that I last saw the deceased alive on 8 FEB, 1949, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE: J H Hoke MD (Degree or title) | ADDRESS: SALISBURY PENNA | DATE SIGNED: 9 FEB 49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF: Feb. 11 1949 | NAME OF CEMETERY OR CREMATORY: GRANTSVILLE CEMETERY | LOCATION (City, town, or county) (State): GRANTSVILLE - MD.

DATE REC'D BY LOCAL REG. Feb 9-49 | REGISTRAR'S SIGNATURE: Ethel Broadwater | 24. FUNERAL DIRECTOR: Stanley M Thomas | ADDRESS: Salisbury Pa

VS. A15

RECEIVED
FEB 12 1949
BUREAU V. S.